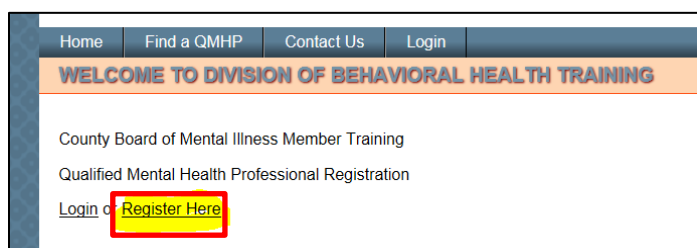


Qualified Mental Health Professional Registration and Training Instructions

Registration Instructions

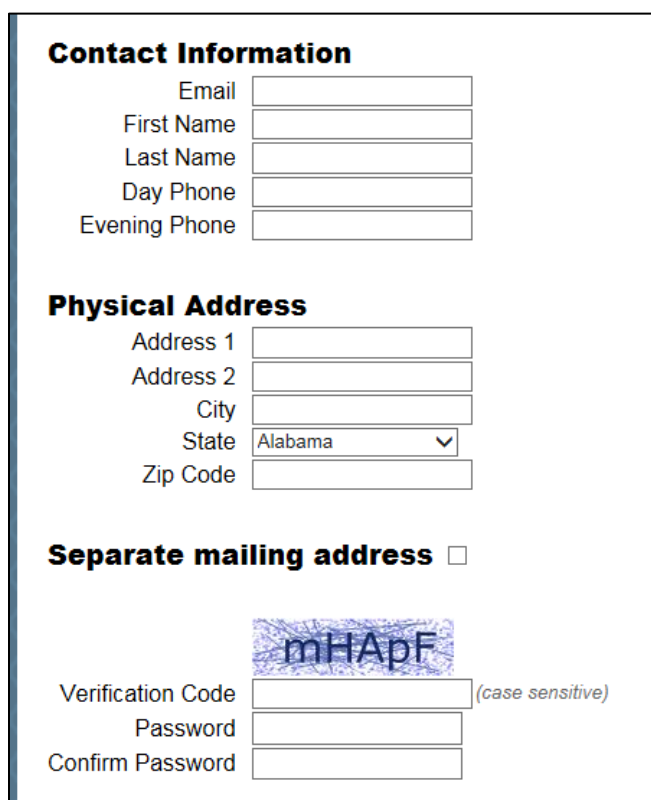
Step 1: To start the training, visit the following site: <https://dss.sd.gov/qmhp/Default.aspx>

Step 2: Click “**Register Here**”



The screenshot shows the top navigation bar with links: Home, Find a QMHP, Contact Us, and Login. Below this is a banner that reads "WELCOME TO DIVISION OF BEHAVIORAL HEALTH TRAINING". Underneath the banner, there are links for "County Board of Mental Illness Member Training", "Qualified Mental Health Professional Registration", and "Login or **Register Here**". The "Register Here" link is highlighted with a yellow rectangular box.

Step 3: Please fill out your contact information. Please ensure that all information is accurate as we will use the contact information to get a hold of you, as needed. Please remember this password as this is what you will use to log in to take your test.



The registration form is divided into three main sections:

- Contact Information:** Includes input fields for Email, First Name, Last Name, Day Phone, and Evening Phone.
- Physical Address:** Includes input fields for Address 1, Address 2, City, State (a dropdown menu currently showing "Alabama"), and Zip Code.
- Separate mailing address:** A checkbox labeled "Separate mailing address" with an unchecked box.

Below the mailing address section is a blue square with the text "mHApF". Underneath this are three input fields: "Verification Code" (with the note "(case sensitive)" to its right), "Password", and "Confirm Password".

Qualified Mental Health Professional Registration and Testing Instructions

Step 4: Please ensure that you click the **applicable** licensing option that applies for you. *If you do not feel you fit in to one of these options, please contact to the Division of Behavioral Health at*

DSSBHQMHP@state.sd.us.

Please check the box that applies to you:

- ☐ A psychologist who is licensed to practice psychology in South Dakota.
- ☐ An advanced practice nurse with at least a master's degree from an accredited education program and either two years or one thousand hours of clinical experience including mental health evaluation and treatment.
- ☒ A certified social worker with a master's degree from an accredited training program and two years of supervised clinical experience in a mental health setting.
- ☐ A person who has a master's degree in psychology from an accredited program and two years of supervised clinical mental health experience and who meets the provision of subdivision 36-27A-2(2).
- ☐ A counselor who is certified under chapter 36-32 as a licensed professional counselor and has two years of supervised clinical experience in a mental health setting and who is employed by the state of South Dakota or a mental health center.
- ☐ A counselor who is certified under chapter 36-32 as a licensed professional counselor-mental health.
- ☐ A counselor who is certified under chapter 36-32 as a marriage and family therapist with two years of supervised clinical experience in a mental health setting.
- ☐ A physician assistant who is licensed under chapter 36-4A and either two years or one thousands hours of clinical experience that includes mental health evaluation and treatment.
- ☐ A professional as listed in subdivision (1) to (8), inclusive, who is employed by the federal government and currently licensed in that profession in another state, in good standing with the licensing board, and acting within the scope of the professional's license.

Step 5: Upon clicking the appropriate licensing box, **below you will need to explain your experience and/or supervision.**

Please check the box that applies to you:

- ☐ A psychologist who is licensed to practice psychology in South Dakota.
- ☐ An advanced practice nurse with at least a master's degree from an accredited education program and either two years or one thousand hours of clinical experience including mental health evaluation and treatment.
- ☒ A certified social worker with a master's degree from an accredited training program and two years of supervised clinical experience in a mental health setting.
- ☐ A person who has a master's degree in psychology from an accredited program and two years of supervised clinical mental health experience and who meets the provision of subdivision 36-27A-2(2).
- ☐ A counselor who is certified under chapter 36-32 as a licensed professional counselor and has two years of supervised clinical experience in a mental health setting and who is employed by the state of South Dakota or a mental health center.
- ☐ A counselor who is certified under chapter 36-32 as a licensed professional counselor-mental health.
- ☐ A counselor who is certified under chapter 36-32 as a marriage and family therapist with two years of supervised clinical experience in a mental health setting.
- ☐ A physician assistant who is licensed under chapter 36-4A and either two years or one thousands hours of clinical experience that includes mental health evaluation and treatment.
- ☐ A professional as listed in subdivision (1) to (8), inclusive, who is employed by the federal government and currently licensed in that profession in another state, in good standing with the licensing board, and acting within the scope of the professional's license.

Please explain supervised clinical experience and schooling

Qualified Mental Health Professional Registration and Testing Instructions

Step 6: Upon explaining your supervised experience and schooling, **please verify that you have met the requirements, are in good standing and are acting within the scope of your professional licensure.**

Please check the box that applies to you:

- ☐ A psychologist who is licensed to practice psychology in South Dakota.
- ☐ An advanced practice nurse with at least a master's degree from an accredited education program and either two years or one thousand hours of clinical experience including mental health evaluation and treatment.
- ☒ A certified social worker with a master's degree from an accredited training program and two years of supervised clinical experience in a mental health setting.
- ☐ A person who has a master's degree in psychology from an accredited program and two years of supervised clinical mental health experience and who meets the provision of subdivision 36-27A-2(2).
- ☐ A counselor who is certified under chapter 36-32 as a licensed professional counselor and has two years of supervised clinical experience in a mental health setting and who is employed by the state of South Dakota or a mental health center.
- ☐ A counselor who is certified under chapter 36-32 as a licensed professional counselor-mental health.
- ☐ A counselor who is certified under chapter 36-32 as a marriage and family therapist with two years of supervised clinical experience in a mental health setting.
- ☐ A physician assistant who is licensed under chapter 36-4A and either two years or one thousands hours of clinical experience that includes mental health evaluation and treatment.
- ☐ A professional as listed in subdivision (1) to (8), inclusive, who is employed by the federal government and currently licensed in that profession in another state, in good standing with the licensing board, and acting within the scope of the professional's license.

Please explain supervised clinical experience and schooling

- ☐ I verify that I meet the requirements of SDCL 27A-1-3.
- ☐ I verify that my licensure is in good standing with the licensing board.
- ☐ I verify that I am acting within the scope of my professional licensure.

Step 7: Please type in your **name** and **date** stating that the above is true and accurate to the best of your knowledge.

By signing this document, I verify that all the above is true and accurate to the best of my knowledge.

Signature

Date

Step 8: Please click "**Continue**".

Please mail in Verification Form with your licensure and check/money order to Division of Behavioral Health.

Continue

Cancel

Registration may take up to (5-7) days once your license and fee is received by the Division of Behavioral Health.

Qualified Mental Health Professional Registration and Testing Instructions

Step 9: Once you complete step 8, you will be taken to a new page. Please review and verify all of your personal information. Once correct, **print** this page and send to Division of Behavioral Health with your licensure and check/money order. *Please remember that your registration will not be complete until you print the verification form.*

Please mail in Verification Form with your licensure and check/money order to Division of Behavioral Health.

Note: You must print this information before you are allowed to finish the registration.

Registration may take up to (5-7) days once your license and fee is received by the Division of Behavioral Health.

Step 10: Once completing step 9, click “**Register**”.

Please mail in Verification Form with your licensure and check/money order to Division of Behavioral Health.

Note: You must print this information before you are allowed to finish the registration.

Registration may take up to (5-7) days once your license and fee is received by the Division of Behavioral Health.

Step 11: Upon clicking “Register”, enter your **License Type** and **License Number**. Based on your license type, you may be required to fill out additional information.

License Type

License Number

Example: “Licensed Professional Counselor and is employed with the state of South Dakota or Mental Health Agency” asks that you enter **employee type**.

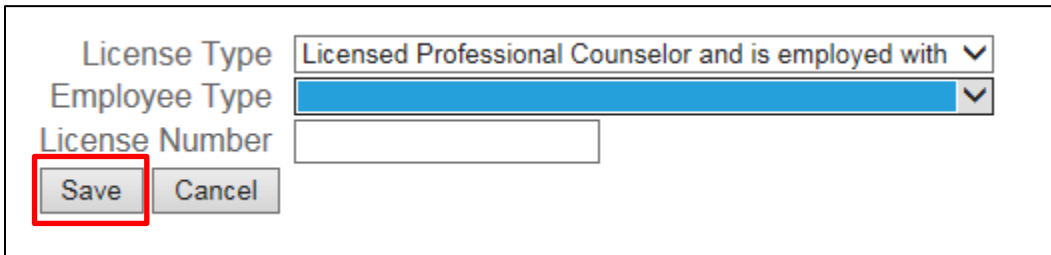
License Type

Employee Type

License Number

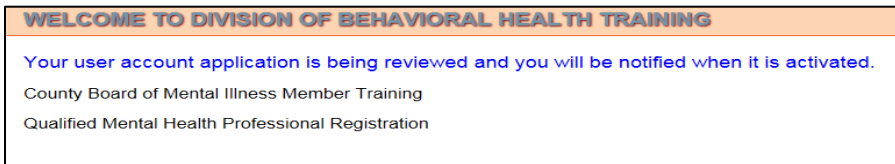
Qualified Mental Health Professional Registration and Testing Instructions

Step 13: Please click “**Save**”.

A registration form with three fields: 'License Type' with a dropdown menu showing 'Licensed Professional Counselor and is employed with', 'Employee Type' with a blue dropdown menu, and 'License Number' with an empty text box. Below the fields are two buttons: 'Save' and 'Cancel'. The 'Save' button is highlighted with a red rectangular border.

License Type	Licensed Professional Counselor and is employed with ▼
Employee Type	▼
License Number	
Save	Cancel

Step 14: Once you complete step 13, you will receive the following message notifying you have completed registration for the Qualified Mental Health Training. Once approved, you will receive an email notification from the Division of Behavioral Health indicating you have been approved for the training.

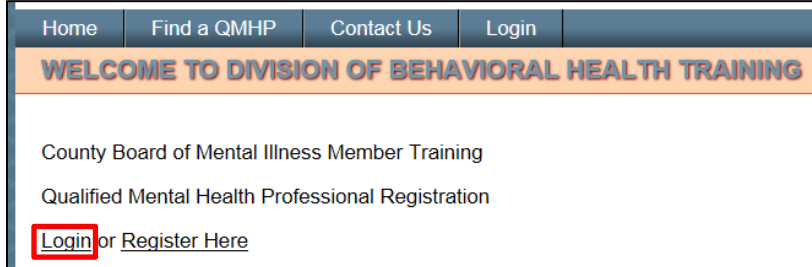
A message box with an orange header bar containing the text 'WELCOME TO DIVISION OF BEHAVIORAL HEALTH TRAINING'. Below the header, the text reads: 'Your user account application is being reviewed and you will be notified when it is activated.' followed by 'County Board of Mental Illness Member Training' and 'Qualified Mental Health Professional Registration' on separate lines.

WELCOME TO DIVISION OF BEHAVIORAL HEALTH TRAINING
Your user account application is being reviewed and you will be notified when it is activated.
County Board of Mental Illness Member Training
Qualified Mental Health Professional Registration

Qualified Mental Health Professional Registration and Testing Instructions

Training Instructions

Step 1: To start the training, visit the training site (<https://dss.sd.gov/qmhp/Default.aspx>) and click **Login**.



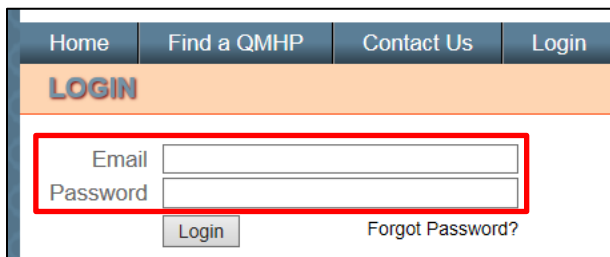
Home Find a QMHP Contact Us Login

WELCOME TO DIVISION OF BEHAVIORAL HEALTH TRAINING

County Board of Mental Illness Member Training
Qualified Mental Health Professional Registration

Login or [Register Here](#)

Step 2: Enter your **email address** and **password**.



Home Find a QMHP Contact Us Login

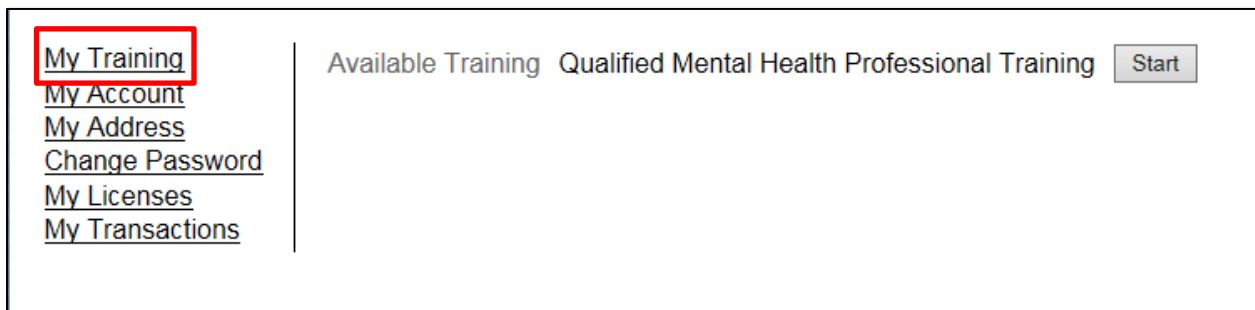
LOGIN

Email

Password

Login Forgot Password?

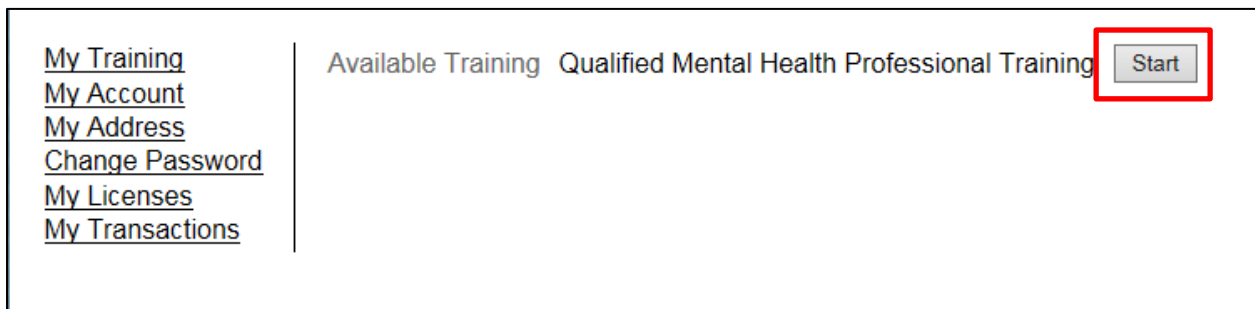
Step 3: Once you are logged in, click “**My Training**” on the left hand side of the page.



My Training
[My Account](#)
[My Address](#)
[Change Password](#)
[My Licenses](#)
[My Transactions](#)

Available Training Qualified Mental Health Professional Training **Start**

Step 4: After clicking on “My Training” you will be directed to the page to start the training. To start the training, click **Start**.



[My Training](#)
[My Account](#)
[My Address](#)
[Change Password](#)
[My Licenses](#)
[My Transactions](#)

Available Training Qualified Mental Health Professional Training **Start**

Qualified Mental Health Professional Registration and Testing Instructions

Step 5: Then select “**Qualified Mental Health Professional Training**”.

Training	Start Date	Date Completed	Completed By	Modules Completed	Status(%)	Certificate	Expiration Date	Renewal Date
Qualified Mental Health Professional Training	2/20/2018		3/22/2018	0 / 13	In Progress (100%)			

Step 6: Once you click “*Qualified Mental Health Professional Training*”, select the **first module** to begin the training. Training modules must be completed in the order they are listed on the screen. ****Please note there are 13 training modules.**

Module Name	Module Status
QMHP Introduction	New
Voluntary Admission of Adults	New
Voluntary Admission of Minors	New
Involuntary Commitment of Adults	New
Involuntary Commitment of Minors	New
Petition for Commitment	New
County Board of Mental Illness	New
Qualified Mental Health Professional (QMHP) Examination	New
Involuntary Commitment Hearing and the County Board of Mental Illness	New
Involuntary and Voluntary Status Change	New
Co-Occurring Commitment	New
Outpatient Commitment Orders and Treatment Orders	New
Human Services Center (HSC) Medical Limitations and Problems that Masquerade as Psychiatric Illnesses	New

Step 7: At the end of each module, you will have 30 minutes to complete the corresponding quiz. *Please answer all questions or you will be marked as a failed attempt.*

Warning

You will have 30 minutes to complete the quiz.

There are 1 questions on the quiz. Once you start the quiz, it must be completed or else it will be marked as a failed attempt.

Continue

Each time you answer a question **wrong**, your score will drop. Please note, you need *above* a 75% to pass.

Training	Qualified Mental Health Professional Training
Description	South Dakota state law requires Qualified Mental Health Professionals (QMHP) to participate in training provided by the South Dakota Department of Social Services. Only a QMHP may do the examination required as part of an involuntary mental illness commitment process.
Score	50%

Qualified Mental Health Professional Registration and Testing Instructions

As you answer questions correctly, your score will **increase**.

Training	Qualified Mental Health Professional Training
Description	South Dakota state law requires Qualified Mental Health Professionals (QMHP) to participate in training provided by the South Dakota Department of Social Services. Only a QMHP may do the examination required as part of an involuntary mental illness commitment process.
Score	75%

Once complete, “**Module Status**” will indicate it has been **completed** and you can move on to the next module. You *cannot* go back to a past module.

Module Name	Module Status
QMHP Introduction	Completed
Voluntary Admission of Adults	Completed
Voluntary Admission of Minors	Completed
<u>Involuntary Commitment of Adults</u>	New
Involuntary Commitment of Minors	New
Petition for Commitment	New

Step 8: Upon completion of training, your **score** will appear and your certificate will auto-populate. Please note your **expiration date and eligibility for renewal date**. To print your **certificate**, please click certificate.

[Home](#)
[My Account](#)
[Find a QMHP](#)
[Contact Us](#)
[Log Out](#)

MY TRAINING

[My Training](#)
[My Account](#)
[My Address](#)
[Change Password](#)
[My Licenses](#)
[My Transactions](#)

Training	Start Date	Date Completed	Completed By	Modules Completed	Status(%)	Certificate	Expiration Date	Renewal Date
Qualified Mental Health Professional Training	5/14/2018	5/14/2018	6/13/2018	13 / 13	Passed (96%)	Certificate	5/14/2022	2/14/2022